

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540200

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	0					
4	0					
5	0					
6	0					
7	0					
8	0					
9	1					
10	1					
11	0					
12	0					
13	0					
14	0					
15	0					
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TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	14	0	0	0	0	0
TOTAL CLAIMS	16	0	0	0	0	0

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			0	0	0	0
TOTAL DEP.			0	0	0	0
TOTAL CLAIMS			0	0	0	0